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Bib Data Sheet

**CONFIRMATION NO. 7480**

<b>SERIAL NUMBER</b> 09/804,276	<b>FILING DATE</b> 03/12/2001  <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2681	<b>ATTORNEY DOCKET NO.</b> DEN300										
<b>APPLICANTS</b> Gisela Uhlemann, Haltern, GERMANY;														
<b>** CONTINUING DATA *****</b> <div style="text-align: center; font-size: 1.2em;">NONE AB</div>														
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 10014166.8 03/23/2000 YES AB														
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 04/17/2001</b> <div style="text-align: right;">** SMALL ENTITY **</div>														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black; padding: 5px;">           Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no            35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance         </td> <td style="width: 15%; border-bottom: 1px solid black; padding: 5px; text-align: center;"> <b>STATE OR COUNTRY</b>            GERMANY         </td> <td style="width: 10%; border-bottom: 1px solid black; padding: 5px; text-align: center;"> <b>SHEETS DRAWING</b>            1         </td> <td style="width: 10%; border-bottom: 1px solid black; padding: 5px; text-align: center;"> <b>TOTAL CLAIMS</b>            5         </td> <td style="width: 20%; border-bottom: 1px solid black; padding: 5px; text-align: center;"> <b>INDEPENDENT CLAIMS</b>            5         </td> </tr> <tr> <td style="padding: 5px;">           Verified and Acknowledged  <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 40%;">             Examiner's Signature <i>AB</i> </div> <div style="border-bottom: 1px solid black; width: 40%;">             Initials <i>AB</i> </div> </div> </td> <td colspan="4"></td> </tr> </table>					Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 5	Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 40%;">             Examiner's Signature <i>AB</i> </div> <div style="border-bottom: 1px solid black; width: 40%;">             Initials <i>AB</i> </div> </div>				
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Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 40%;">             Examiner's Signature <i>AB</i> </div> <div style="border-bottom: 1px solid black; width: 40%;">             Initials <i>AB</i> </div> </div>														
<b>ADDRESS</b> Thomas S. Baker, Jr. 1371 West 3rd Avenue Columbus ,OH 43212														
<b>TITLE</b> Foldable alphanumeric keypad for mobile phones														
<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> All Fees</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> Other _____</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Credit</div>												